

Electronic Fund Transfer Authorization Agreement

I authorize the Missionary Church, Inc. to initiate debit entries to my account as described below:

Checking/Savings Account #: _____

Checking/Savings Routing #: _____

Financial Institution's Name: _____

Financial Institution's Address: _____

Please attach a **voided check** (if funds are to be withdrawn from a checking account) or a **savings deposit slip** (if from a savings account) to this form so that we can verify your account number and routing number.

The total amount of _____ should be withdrawn each month from my account as a contribution and credited as indicated below:

Description of Contribution	Code	Amount

Please withdraw this contribution from my account on approximately the:

_____ 14th or _____ 28th of each month

Beginning _____ / _____
Month Year

The authority to conduct electronic fund transfers is to remain in full force and effect until the Missionary Church, Inc. has received written notification from me of its termination in such time and manner as to afford the Missionary Church, Inc. a reasonable opportunity to act on it.

Signature: _____

Print Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date: _____ Phone Number: _____